

GIRL TALK | Teen 6-Month Follow-up Questionnaire

ENTER TEEN ID: _ _ _ _ _

SECTION A: HOME ENVIRONMENT

To start I have some questions about your baby.

[FI NOTE: IF YOU KNOW BABY DIED, DO NOT ASK Q1. ENTER 06 for Q1)

1. How is your baby doing? Would you say your baby's health is . . .

- 01. Excellent (SKIP TO Q.4)
- 02. Very good (SKIP TO Q.4)
- 03. Good (SKIP TO Q.4)
- 04. Fair (SKIP TO Q.4)
- 05. Poor (SKIP TO Q.4)
- 06. BABY DIED
- 07. DON'T KNOW- BABY LIVING ELSEWHERE (SKIP TO Q.4)

[ASK IF BABY DIED (Q1=06)]

2. What was the cause of your baby's death?

3. Did your baby die at birth? (Don't need to ask out-loud)

- 01. Yes
 - 02. No
- (SKIP TO Q.5)

[IF BABY DIED, DO NOT ASK Q4. ENTER "the baby"]

4. What is your baby's name? _____ (PROGRAM NAME INTO CAPI)

I'd like to ask you some questions about your living situation.

5. How many different places have you moved to or lived in the last 6 months (, that is since your baby was born)? (OMIT IF BABY DIED)

|_|_|_|_| (RANGE 1-25)
(IF Q.5=1, SKIP TO Q.8)

6. How many of these moves were because of problems with a family member you were living with?

|_|_|_|_| (RANGE 0-25)

7. How many of these moves were because of problems with a boyfriend?

|_|_|_|_| (RANGE 0-25)

8. How long have you been living where you are now? Would you say . . .

- 01 Less than 1 month
- 02 1-3 months
- 03 3-6 months
- 04 More than 6 months

9. Where do you live? (PROBE IF NEEDED)

- 01. GROUP HOME, (SKIP TO Q.13)
- 02. IN A SHELTER, (SKIP TO Q.13)
- 03. SUPERVISED APARTMENT, (SKIP TO Q.13)
- 04. ON THE STREET, (SKIP TO Q.13)
- 05. IN A HOUSE OR APARTMENT, (GO TO Q.10)
- 06. SOMEPLACE ELSE? (ASK 9sp)

9sp. SPECIFY _____ (SKIP TO Q13)

10. How many people live with you? (IF BABY DIED-DO NOT ADD) Does this include your baby?

|____| |____| (RANGE 0-99) (IF A10=0, SKIP TO A12)

11. Starting with the oldest person who lives with you, please tell me their relationship to you. (IF BOYFRIEND: PROBE- is this baby's father?)

	Relationship to Teen (use codes at right)	01 Baby 02 My mother 03 My father 04 My partner- (baby's father) 05 My partner (not baby's father) 06 My sibling 07 My grandmother or grandfather 08 My parent's partner 09 My step or half sibling 10 My cousin 11 My aunt 12 My other relative 13 Baby's father's mother	14 Baby's father's father 15 Baby's father's parent's partner 16 Baby's father's grandmother or grandfather 17 Baby's father's sibling 18 Baby's father's step or half sibling 19 Baby's father's other relative 20 My partner's parents or other relative 21 Non-relative/friend 22 Other (SPECIFY)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			

12. Who's home is it? (MARK ALL THAT APPLY)

- 01 OWN PLACE
- 02 PARENTS
- 03 RELATIVES
- 04 PARTNER'S RELATIVES
- 05 PARTNER
- 06 FRIENDS
- 07 FOSTER HOME
- 08 OTHER (ASK 12sp)

12sp. SPECIFY _____

13. Do you feel safe in your neighborhood? 01 Yes 02 No

SECTION B: DEMOGRAPHICS & WORK AND SCHOOL HISTORY

Now I'd like to ask you some background questions.

1. Have you been pregnant in the last 6 months (, that is since your baby was born)? (OMIT 2nd PART IF BABY DIED)

- 01 Yes
- 02 No

2. **In the last 6 months, have you worked outside the home for pay? This includes both regular jobs and things like baby-sitting or housecleaning.**

01 Yes
02 No (SKIP TO Q6)
99 Refused (SKIP TO Q6)

3. **How many hours did you spend working for pay in a typical week? Would you say . . .**

01 Less than 10,
02 10-20 hours per week on average,
03 21-30 hours per week on average, or
04 More than 30 hours per week on average?

4. **What kind of work have you done? (MARK ALL THAT APPLY)**

01. SALES
02. CLERICAL-OFFICE WORK
03. BABYSITTING-CHILDCARE
04. FOOD SERVICE
05 OTHER(ASK 4sp)

4sp. SPECIFY _____

5. **Are you currently working?** 01 Yes 02 No

(IF BABY DIED (A1=06), SKIP TO B21)

6. **Currently, does your baby spend 4 or more nights each week with you?**

01 Yes (SKIP TO Q.9)
02 No

7. **With whom does your baby usually stay at night? (CHECK ALL THAT APPLY)**

01 BABY'S FATHER (ASK 7a)
02 MY PARENTS (ASK 7a)
03 PARENTS OF BABY'S FATHER (ASK 7a)
04 OTHER RELATIVE (ASK 7a)
05 FRIEND (ASK 7a)
06 FOSTER PLACEMENT (SKIP TO 7a)
07 ADOPTION (SKIP TO 8)
08 OTHER (ASK Q.7sp)

7sp. SPECIFY _____ (ASK 7a)

- 7a. **How many days per week do you usually see the baby?**

|____|____| Times per week (LIMIT=0-7)

8. **Is this living situation something that was legally required or court ordered?**

01 Yes 02 No

- 8a. **How old was your baby when this arrangement began?**

|____|____| Months (NOTE: IF LESS THAN 1 MO, ENTER 0)

9. **Is Child Protective Services, that is CFSA, working with you or your child?**

01. Yes
02. No

[IF TEEN DOES NOT CURRENTLY HAVE CONTACT WITH BABY (B7a=0 OR B7= 07) AND (B8a>0) SKIP TO B12 AND USE OPTIONAL WORDING]

[IF TEEN HAS NOT EVER HAD CONTACT WITH BABY (B7a=0 OR B7= 07) AND (B8a=0) SKIP TO Q.21.]

10. **In the past 3 months**, has your baby been to see a health provider?

- 01 Yes (SKIP TO Q11)
- 02 No (ASK 10a)

10a. **Why not?** (CHECK ALL THAT APPLY)

- 01 MISSED LAST APPOINTMENT
- 02 VISIT IS SCHEDULED BUT NOT YET DUE
- 03 NO TRANSPORTATION
- 04 NEED TO FIND A DOCTOR
- 05 NO MEDICAID/INSURANCE
- 06 OTHER (ASK 10sp)

10sp. **SPECIFY:** _____

11. **Is the baby up to date in receiving immunizations or shots?**

- 01 Yes
- 02 No
- 98 DON'T KNOW

12. **(In the past 6 months, how many times has (NAME OF BABY) gone) to the emergency room for an injury, such as a fall, burn, or cut?**

If (B7a=0 OR B7= 07) AND (B8a>0) **(In the time that the baby lived with you, how many times did he/she go)**

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.13)

12a. **For what type(s) of injury did (NAME OF BABY) go to the emergency room?** (MARK ALL THAT APPLY)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 12a_sp)

12a_sp **SPECIFY:** _____

13. **(In the past 6 months, how many times has (NAME OF BABY) gone) to the emergency room for a sick visit, that is, because he/she was not feeling well?**

If (B7a=0 OR B7= 07) AND (B8a>0) **(In the time that the baby lived with you, how many times did he/she go)**

|____|____| (RANGE 0-20)

14. (In the past 6 months, how many times has (NAME OF BABY) gone) to the doctor or clinic for an injury, such as a fall, burn, cut?

If (B7a=0 OR B7= 07) AND (B8a>0) (In the time that the baby lived with you, how many times did he/she go)

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.15)

- 14a. For what type(s) of injury did (NAME OF BABY) go to the doctor or clinic? (MARK ALL THAT APPLY)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 16a_sp)

14a_sp SPECIFY: _____

15. (In the past 6 months, how many times has (NAME OF BABY) gone) to the doctor or clinic for a sick visit, that is, because he/she was not feeling well?

If (B7a=0 OR B7= 07) AND (B8a>0) (In the time that the baby lived with you, how many times did he/she go)

|____|____| (RANGE 0-20)

I'd like to ask you about your arrangements for childcare.

16. (In the past 6 months), how many different childcare arrangements have you had, other than you taking care of the baby? That is, how many other individuals regularly take (took) care of the baby including daycare centers?

If (B7a=0 OR B7= 07) AND (B8a>0) (In the time that the baby lived with you)

|____|____|(0-20)
(IF 0, SKIP TO Q.21)

[IF BABY IS NOT IN CONTACT WITH TEEN (B7a=0 OR B7= 07) SKIP TO Q.21.]

17. Does (NAME OF BABY) stay daytimes at your home or somewhere else?

01 Home 02 Somewhere else

18. In a typical week, how many hours is (NAME OF BABY) looked after by someone other than you?

|____|____| HOURS/WEEK (1-90)

19. Who takes care of (NAME OF BABY) daytimes most of the week? (MARK ONE)

- 01 YOU
- 02 YOUR FAMILY OR A RELATIVE
- 03 BABY'S FATHER OR HIS FAMILY
- 04 FRIEND
- 05 HOME DAYCARE
- 06 GROUP DAYCARE
- 07 OTHER (ASK 19sp.)

19sp. SPECIFY: _____

20. Do you pay for any childcare? 01 Yes (INCLUDES VOUCHER) 02 No

[ASK ALL THIS SECTION]

Now I'd like to ask you about your household finances.

21. In the last 30 days, did you (or your baby) receive:		
a. Medicaid?	01. Yes	02. No
b. Food stamps?	01. Yes	02. No
c. TANF or AFDC?	01. Yes	02. No
d. WIC?	01. Yes	02. No
e. Commodity Supplemental Food Program?	01. Yes	02. No
f. A housing subsidy or public housing/ Section 8?	01. Yes	02. No
g. Supplemental Security Income that is SSI?	01. Yes	02. No
h. Day care vouchers or subsidy?	01. Yes	02. No
i. Tuition benefits through TANF or scholarship?	01. Yes	02. No

22. Are you or have you been involved in any other programs for teen mothers or teen mothers and their babies such as TAPP, a teen-tot clinic or a high school program in the last 6 months?

- 01 Yes (ASK Q22a)
- 02 No (SKIP TO Q.23)

22a. What are the names of these programs?

Specify Program 1 _____ (ASK: Any others?)

Specify Program 2 _____ (ASK: Any others?)

Specify Program 3 _____

23. How many months in the last 6 months did you run out of money before the end of the month? Would you say . . .

- 01. None,
- 02. Once or twice, or
- 03. More than 2 times?

[IF BABY DIED AT BIRTH (A3=01), SKIP TO SECTION C]

24. Did you try breast-feeding your baby?

- 01 Yes (ASK Q24a)
- 02 No (**SKIP TO SECTION C**)

24a. How long did you do at least some breast-feeding?

- 01 LESS THAN 1 WEEK
- 02 BETWEEN 1 WEEK AND 1 MONTH
- 03 1-2 MONTHS
- 04 3-5 MONTHS
- 05 6+ MONTHS (TEEN IS STILL BREASTFEEDING)

SECTION C: RELATIONSHIPS

The next questions are about your relationships.

1. Which of these best describes you? Are you . . .

- 01 Never Married (SKIP TO Q.2)
- 02 Married (ASK Q.1a)
- 03 Divorced (SKIP TO Q.2)
- 04 Widowed (SKIP TO Q.2)
- 05 Separated (SKIP TO Q.2)

1a. When did you get married?

|_|_|_| --|_|_|_| --|_|_|_| (SKIP TO Q.5)

2. How many boyfriends have you had in the past 6 months? |_|_|_|_| (0-50)

3. Do you currently have a boyfriend?

- 01 Yes
- 02 No (SKIP TO Q17)

4. What is your relationship with your current boyfriend? Are you . . .

- 01 Dating or friends,
- 02 Going together (steady), or
- 03 Living together?

5. Is your (boyfriend/husband) now (INSERT BABY'S NAME)'s father) (the father of your baby who died)?

- 01 YES
- 02 NO

6. How long have you and he been together?

- 01 WE AREN'T REALLY TOGETHER YET
- 02 LESS THAN A MONTH
- 03 1-3 MONTHS
- 04 4-6 MONTHS
- 05 7-12 MONTHS
- 06 12-18 MONTHS
- 07 OVER 18 MONTHS

7. How old is he? |_|_|_|_| (10-99)

8. How many (other) children does he have? |_|_|_|_| (0-9)

9. How many hours do you spend with him in an average week? |__| |__| |__| (0-170)

[IF C9=0, ASK C9a]

9a. Why don't you see him?

- 01 He's in jail (SKIP TO Q15)
- 02 He's in the military (SKIP TO Q15)
- 03 He lives in another part of the country (SKIP TO Q10)
- 04 Other (ASK Q.9a_sp)

9a_sp. SPECIFY: _____

[ASK Q10-14 ONLY IF MARRIED (Q1=02) OR WITH BOYFRIEND (Q.3=01)]
 (FOR "boyfriend/husband": PROGRAM "boyfriend" IF Q3=01, OR "husband" IF Q1=02)

10. Is your (boyfriend/husband) still in school? Or, has he gone back to school? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HIM CURRENTLY IN SCHOOL.)

- 01 Yes
- 02 No

11. Is he working now?

- 01 Yes
- 02 No (SKIP TO Q.14)

12. Is this a full-time or part-time job?

- 01 Full-time only
- 02 Part-time only
- 03 Both

13. Is this a daytime or nighttime job?

- 01 Daytime only
- 02 Nighttime only
- 03 Both

14. How is he involved in (NAME OF BABY)'s life? Does your (boyfriend/husband) . . .	Yes	No
[SKIP Q14a-e IF BABY DIED (A1=06) OR IF BABY NOT WITH TEEN + BOYFRIEND NOT BABY'S FATHER (B7a=0 OR B7= 07) AND C5=02]		
a. Provide some financial support or money for things you need?	01	02
b. Provide diapers, gifts, food, etc.?	01	02
c. Help with childcare on a regular basis?	01	02
d. Help with transportation for either you or the baby?	01	02
e. Does his family help take care of the baby?	01	02

Does your (boyfriend/husband) . . .

f. Expect you to continue your education?	01	02
g. Want to have a child with you (before your baby turns 1 year) IF BABY DIED (in the next 6 months)?	01	02
h. Want to have a child with you (before your baby turns 2 years) IF BABY DIED (in the next 18 months, or 1 ½ years)?	01	02
i. Pressure you to have another/a baby with him?	01	02

Some teenagers don't use birth control because other people, such as friends, boyfriends, parents, or relatives make it hard for them to do so.

15. (USE SHOWCARD 1) For each of the following statements, please tell me the answer that <u>best</u> describes how you <u>usually</u> feel.	Very True	Sort of True	Not very True	Not At All True
a. My (boyfriend/husband) won't let me use birth control. Is that...?	01	02	03	04
b. When my (boyfriend/husband) gets excited he won't stop and use birth control even if I ask him to. Is that...?	01	02	03	04
c. I find myself having sex without birth control even when I don't want to because my (boyfriend/husband) insists on it.	01	02	03	04
d. If I talk to my (boyfriend/husband) about using birth control he says it means I don't really love him.	01	02	03	04

[SKIP TO Q17 IF ALREADY PREGNANT (B1=01)]

16. Do you want to get pregnant by your (boyfriend/husband) now?
Would you say...

- 01 Definitely no
- 02 Probably no
- 03 Neither want nor don't want
- 04 Probably yes
- 05 Definitely yes

(IF BABY DIED (A1=06) OR BABY NOT IN CONTACT WITH TEEN (B7a=0 OR B7= 07), SKIP TO Q19)

17. How often does (INSERT BABY'S NAME)'s father have contact with the baby?

- 01 DAILY (SKIP TO Q.19)
- 02 MULTIPLE TIMES A WEEK
- 03 ONCE A WEEK
- 04 A COUPLE OF TIMES A MONTH (LESS OFTEN THAN ONCE A WEEK)
- 05 ONCE A MONTH
- 06 LESS THAN ONCE A MONTH
- 07 NEVER

18. Would you like him to have more contact with (INSERT BABY'S NAME)?

- 01 Yes
- 02 No
- 03 I DON'T CARE

IF BOYFRIEND IS BABY'S FATHER (C5=YES) SKIP TO SECTION D)

19. How would you describe your relationship with (INSERT BABY'S NAME)'s biologic father?
Would you say you are not together anymore but you still talk, or you don't talk or have any contact, or something else?

- 01. NOT TOGETHER ANYMORE BUT WE STILL TALK
- 02. WE DON'T TALK OR HAVE CONTACT ANY MORE (ASK Q 20+21, THEN SKIP TO Q.23)
- 03. I DON'T KNOW WHO THE FATHER IS (SKIP TO SECTION D)
- 04. TEEN WAS RAPED (SKIP TO SECTION D)
- 05. DECEASED (ASK Q 20+21, THEN SKIP TO SECTION D)
- 06. OTHER. (ASK 19sp)

19sp. Please explain: _____

20. How old is he? |____|____| (10-99)

21. How many other children does/did he have? |____|____| (0-9)

22. How often do you have contact with (INSERT BABY'S NAME)'s father?

- 01 DAILY (SKIP TO Q.25)
- 02 MULTIPLE TIMES A WEEK (SKIP TO Q.24)
- 03 ONCE A WEEK (SKIP TO Q.24)
- 04 A COUPLE OF TIMES A MONTH (LESS THAN ONCE A WEEK) (SKIP TO Q.24)
- 05 ONCE A MONTH (SKIP TO Q.24)
- 06 LESS THAN ONCE A MONTH (SKIP TO Q.24)
- 07 NEVER (ASK Q.23)
- 08 OTHER (ASK Q.22sp)

22sp. SPECIFY: _____ (SKIP TO Q.24)

(ASK Q.23 ONLY IF DON'T TALK OR HAVE ANY CONTACT (Q.19=02) OR (Q.22=07))

23. What is the reason you don't have contact with him?

- 01 HE DOESN'T WANT ANY
- 02 HE IS IN JAIL
- 03 I DON'T WANT ANY (SKIP TO Q.25)
- 04 HE IS DECEASED (SKIP TO SECTION D)
- 05 TEEN WAS RAPED (SKIP TO SECTION D)
- 06 OTHER (ASK 21sp)

23sp. SPECIFY: _____

24. Would you like to have (more) contact?

- 01 Yes
- 02 No

(IF BABY DIED (A1=06), SKIP TO Q25f)

25. How is (INSERT BABY'S NAME)'s father involved in (INSERT BABY'S NAME) life? Does he . . .	Yes	No
a. Provide some financial support or money for things you need?	01	02
b. Provide diapers, gifts, food, etc?	01	02
c. Help with childcare on a regular basis? (SKIP IF Q23=02)	01	02
d. Help with transportation? (SKIP IF Q23=02)	01	02
e. Does his family help take care of the baby?	01	02

(How is (INSERT BABY'S NAME)'s father involved in your life?) Does he . . .

f. Expect you to continue your education?	01	02
g. Want to have another child with you?	01	02
h. Pressure you to have another baby?	01	02

SECTION D: SCHOOL OR JOB TRAINING

The next few questions are about your education.

1. What grade are you currently in or were you when you left school?

- 01 Less than 8th grade
- 02 8th
- 03 9th
- 04 10th
- 05 11th
- 06 12th
- 07 1st year college

2. Have you attended school or job training programs in the past 6 months?

(MARK ALL THAT APPLY)

- 01 Yes, school/GED ? 2a. How many schools/GED have you attended? |__|__| (0-99)
- 02 Yes, training programs ? 2b. How many job training programs have you attended? |__|__| (0-99)
- 03 No, neither (SKIP TO Q.14)

3. How many months after you delivered did you start back and attend class?

|__| MONTHS (0-7)

4. In the past 6 months, on average about how many days per month did you miss going to school because you skipped?

- 01 NEVER
- 02 ONLY ONE OR TWO DAYS PER MONTH
- 03 3-5 DAYS PER MONTH
- 04 6 OR MORE DAYS PER MONTH

(SKIP TO D6 IF BABY DIED AT DELIVERY (A3=01) OR NO CONTACT WITH BABY (B7=7) OR (B7a=0))

5. In the past 6 months, on average about how many days per month did you miss because something came up with the baby?

- 01 NEVER
- 02 ONLY ONE OR TWO DAYS PER MONTH
- 03 3-5 DAYS PER MONTH
- 04 6 OR MORE DAYS PER MONTH

(SKIP TO D11 IF DID NOT ATTEND SCHOOL IN PAST 6 MONTHS (01=BLANK IN Q.D2).)

6. On an average weekday, about how much time did you spend doing homework outside of school in the past 6 months?

- 01 NONE
- 02 HALF HOUR OR LESS
- 03 BETWEEN HALF AN HOUR AND AN HOUR
- 04 1 HOUR
- 05 2 HOUR
- 06 3 HOURS OR MORE

7. In the past 6 months, what grades did you usually earn in school?

- 01 MOSTLY A's
- 02 ABOUT HALF A's AND HALF B's
- 03 MOSTLY B's
- 04 ABOUT HALF B's AND HALF C's
- 05 MOSTLY C's
- 06 ABOUT HALF C's AND HALF D's
- 07 MOSTLY D's
- 08 MOSTLY BELOW D's

8. Have you been in special education classes or special education tutoring in the past 6 months?

- 01 Yes 02 No (SKIP TO Q10)

9. Why were you in special education classes or tutoring? (MARK ALL THAT APPLY)

- 01 READING PROBLEMS/DYSLEXIA
02 MATH PROBLEMS
03 ATTENTION PROBLEMS OR ADHD
04 LEARNING DISABILITY
05 SLOW LEARNER
06 BEHAVIOR OR EMOTIONAL PROBLEM
07 OTHER (ASK 9sp)

9sp. SPECIFY: _____

10. How often did you . . . (USE SHOWCARD 2)	Usually	Sometimes	Never
a. Feel bored at school? Would you say . . .	01	02	03
b. Go to classes without bringing paper or something to write with? Would you say . . .	01	02	03
c. Go to classes without your homework finished?	01	02	03
d. Go to classes without your books?	01	02	03

11. Are you currently in school or in a job training program? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HER CURRENTLY IN SCHOOL.) (MARK ALL THAT APPLY)

- 01 Yes, school
02 Yes, job training
03 No, neither (SKIP TO Q 13)

12. How many close friends do you have at your school or job training program? |____|____| (0-99)

13. What kind of school or job training program (did you attend/are you attending)?

- 01 REGULAR OR TRADITIONAL HIGH SCHOOL (SKIP TO Q.14)
02 ALTERNATIVE HIGH SCHOOL (ASK Q.13a)
03 GED PROGRAM (SKIP TO Q.14)
04 VOCATIONAL (SKIP TO Q.14)
05 COLLEGE (SKIP TO Q.14)
06 OTHER (ASK 13sp)

13sp. SPECIFY: _____

13a. Is it a . . .

- 01 Charter school,
02 Program for teen mothers (ASK 13a_2sp)

13a_2sp. SPECIFY NAME OF PROGRAM: _____

- 03 Home tutor
04 Other (ASK 13a_4sp)

13a_4sp. SPECIFY: _____

(IF NEVER ATTENDED SCHOOL (D2=03) OR NOT CURRENTLY IN SCHOOL (D11=03), ASK D14. ELSE SKIP TO Q.16)

14. Why are you not attending school or training? (MARK ALL THAT APPLY)

- 01 WORK HOURS INTERFERE WITH SCHOOL ATTENDANCE
- 02 PREFER TO STAY HOME WITH BABY
- 03 CAN'T GET OR FIND CHILDCARE
- 04 DON'T WANT MORE EDUCATION OR TRAINING
- 05 NO TRANSPORTATION
- 06 CAN'T AFFORD TUITION
- 07 APPLICATION ACCEPTANCE PENDING
- 08 OTHER (ASK 5sp)

11sp. SPECIFY: _____

(IF NEVER ATTENDED SCHOOL OR TRAINING (D2=03), ASK D15. ELSE SKIP TO Q.16)

15. Have you taken actions to enroll in school?

- 01 Yes
- 02 No

ASK ALL

16. How far do you hope to go in school?

- 01 HIGH SCHOOL GRADUATION
- 02 GED
- 03 TRADE SCHOOL AFTER HIGH SCHOOL/GED
- 04 COLLEGE
- 05 MORE THAN COLLEGE
- 06 NO FURTHER (SKIP TO Q.18)
- 07 OTHER (ASK 16sp)

16sp. SPECIFY: _____

17. How likely is it that you will achieve or reach your educational goal? Would you say. . .
(USE SHOWCARD 3)

- 01 Not at all likely,
- 02 Not very likely,
- 03 Sort of likely,
- 04 Quite likely, or
- 05 Very likely?

18. How often do you think about what your life will be like in the future? Would you say . . .

- 01 A lot
- 02 Some
- 03 Not at all

[IF PREGNANT AGAIN (B1=01) SKIP TO D20]

19. (USE SHOWCARD 4) What do you think are the chances that each of the following things will happen to you?	Almost No Chance	Some Chance, Probably Not	A 50-50 Chance	A Good Chance	Almost Certain
a. You will get pregnant again (before your baby turns 1 year.) IF BABY DIED or no contact with baby (B7a=0 OR B7=07) ASK... You will get pregnant again (in the next 6 months)	01	02	03	04	05
b. You will get pregnant again (before your baby turns 2 years.) IF BABY DIED or no contact with baby (B7a=0 OR B7=07) ASK... You will get pregnant again (in the next 18 months or 1 ½ years)	01	02	03	04	05

How likely is it that:	Not likely at all	Not too likely	Fairly likely	Very likely
20. You will be rich someday?	01	02	03	04
21. You will be famous someday?	01	02	03	04

22. About how often do you participate in worship services, church meetings, or other religious activities?

- 01. MORE THAN ONCE A WEEK
- 02. WEEKLY
- 03. ABOUT 2 OR 3 TIMES A MONTH
- 04. ABOUT ONCE A MONTH
- 05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
- 06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
- 07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES

SECTION E: DEPRESSION

Sometimes people experience difficult situations in their life. The next few questions are about some problems you may have had.

1. (USE SHOWCARD 5) Over the last 2 weeks, how often have you been bothered by any of the following problems:	Not at all	Several Days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things? Would you say . . .	01	02	03	04
b. Feeling down, depressed or hopeless? Would you say . . .	01	02	03	04
c. Trouble falling or staying asleep?	01	02	03	04
d. Feeling tired or having little energy?	01	02	03	04
e. Poor appetite or overeating?	01	02	03	04
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	01	02	03	04
g. Trouble concentrating on things, such as reading the newspaper or watching television?	01	02	03	04

h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	01	02	03	04
i. Thoughts that you would be better off dead or hurting yourself in some way?	01	02	03**	04**

**** INSERT WARNING ALERT SCREEN: "TEEN NEEDS MENTAL HEALTH ASSESSMENT"**

	Yes	No	N/A
2. Are you having regular arguments or conflicts with your present steady boyfriend or partner?	01	02	-7
3. Are you having some sort of problem with any of your former boyfriends or partners?	01	02	
4. Do you get hassled pretty often by bill collectors, collection agencies, or landlord?	01	02	
5. Do you or someone in your household have a long-term illness?	01	02	

6. In the last 6 months, have any of these events happened to you or people you lived with?	Yes	No
(FI NOTE: IF BABY DIED (A1=06)-DO NOT ASK + CODE 01)	01	02
a. Death of a family member?	01	02
b. Death of a friend?	01	02
c. Family member in jail?	01	02
d. Your current or previous boyfriend went to jail	01	02
e. Any kind of violent act such as: being shot, mugged, robbed, raped, beat-up in the last 6 months?	01	02
f. Evicted?	01	02
g. Job loss?	01	02
h. Drug problem in the last 6 months? (IF YES, ASK 6h_1)	01	02
6h_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE)	
	02 MOTHER-FIGURE	
	03 SELF	
	04 OTHER	
i. Alcohol or drinking problem in the last 6 months? (IF YES, ASK 6i_1)	01	02
6i_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE)	
	02 MOTHER-FIGURE	
	03 SELF	
	04 OTHER	
j. Deeply in debt?	01	02
k. Divorce or separation?	01	02

SECTION F: RELATIONSHIP WITH PARENTS (MOTHER, MOTHER FIGURE, FATHER FIGURE, PARENTS)

SECTION F0: IDENTIFY M-F

- A. Is your mother-figure in this program your (INSERT RELATIONSHIP FROM CONTACT SHEET)? IF CONTACT SHEET IS BLANK- Do you have a mother-figure in this program with you?**
- 01.** M-F IS BIOLOGIC MOM (**SKIP TO SECTION F2, Q1**)
 - 02.** M-F IS NOT BIOLOGIC MOM
A_sp. **SPECIFY RELATIONSHIP OF M-F:** _____ (**GO TO SECTION F1**)
(Use this for programming.)
 - 03.** NO M-F IN STUDY (**GO TO SCREEN B BELOW**)

(VIEW SCREEN B IF SECTION F0_A=03)

SCREEN B: IF NO M-F IN STUDY

Think back to the last time we conducted an interview with you and we asked you about the person who was most like a mother to you. We will be asking about this same person again, whether or not she was in this program with you.

- B. What is your relationship to this person? (IF TEEN CANNOT SPECIFY RELATIONSHIP, REQUEST HER FIRST NAME.)**
- 01.** M-F IS BIOLOGIC MOM (Use for programming) (**GO TO SECTION F2, Q1**)
 - 02.** M-F IS NOT BIOLOGIC MOM
A_sp. **SPECIFY RELATIONSHIP OF M-F:** _____ (**GO TO SECTION F1**)
(Use this for programming.)
 - 03.** NO M-F IN HER LIFE DURING LAST INTERVIEW, (**GO TO SECTION F1, THEN SKIP TO SECTION F3**)

SECTION F1: BIOLOGIC MOTHER

[ASK SECTION F1 ONLY IF A=02 AND B=02 or 03 (MF IS NOT BIOLOGIC MOM OR NO MF)]
The next few questions are about your biologic mother, that is, the mother you were born to.

- 1. In the last 6 months, about how often have you talked to her in person or on the telephone, or received a letter from her? Would you say. . .**
- 01** Not at all, {SKIP TO SECTION F2: MOTHER FIGURE}
 - 02** Once or twice,
 - 03** Several times,
 - 04** A few times a month, or
 - 05** More than once a week?
 - 06** LIVE WITH BIOLOGIC MOTHER
 - 07** MOTHER DIED (SKIP TO SECTION F2)
 - 8** DON'T KNOW

2. In the last 6 months, which of the following things have you done with your biologic mother?	Yes	No	NA
(SKIP 2a IF BABY DIED AT DELIVERY (A3=01) OR (B7=07) OR (B7a=0))	01	02	03
a. Spent time together with the baby?	01	02	03
b. Stayed overnight at her place	01	02	03
c. Gone shopping?	01	02	03
d. Gone to a religious service or church-related event?	01	02	03
e. Talked about someone you're dating?	01	02	03

2. In the last 6 months, which of the following things have you done with your biologic mother?	Yes	No	NA
f. In the last 6 months, have you and your biologic mother gone to a movie, play, museum, concert, or sports event?	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. In the last 6 months, have you and your biologic mother talked about your school work, grades or education?	01	02	03
j. Had a vacation together?	01	02	03

SECTION F2: MOTHER-FIGURE

(VIEW SCREEN A IF SECTION F0_A=02)

SCREEN A : IF M-F IS NOT TEEN'S MOTHER

In this section we will be asking about your [RELATIONSHIP OF M-F, FROM SECTION F0_A_SP], the person you said was most like a mother to you.

[FILL IN ALL "MOTHER/M-F" WITH "mother" OR INSERT M-F RELATIONSHIP FROM SECTION F0_A_SP OR FROM SECTION F1_A_SP ABOVE]

1. In the past 6 months, how often did you and your (MOTHER/M-F) talk about . . . (USE SHOWCARD 6)	Never	Rarely	Sometimes	Often
a. pressure from peers to join in risky behavior? Would you say . . .	01	02	03	04
b. In the past 6 months, how often did you and your (MOTHER/M-F) talk about protecting yourself from becoming pregnant? Would you say . . .	01	02	03	04
c. specific birth control methods?	01	02	03	04
d. the time of the month when you most easily could get pregnant?	01	02	03	04
e. protecting yourself from Sexually Transmitted Diseases, STDs, STIs, or AIDS?	01	02	03	04
f. the role of sex in your relationships with boys?	01	02	03	04

2. In the last 3 months, which of the following things have you done with your (MOTHER/M-F)?	Yes	No	NA
(SKIP 2a IF BABY DIED AT DELIVERY (A3=01) OR (B7=07) OR (B7a=0))	01	02	03
a. Spent time together with the baby?	01	02	03
b. Stayed overnight at her place?	01	02	03
c. Gone to a religious service or church-related event?	01	02	03
d. Talked about someone you're dating?	01	02	03
e. In the last 3 months, have you and your (MOTHER/M-F) gone to a movie, play, museum, concert, or sports event?	01	02	03
f. Talked about your friends or a party you went to? (NOTE: 'party' means 'getting together socially with friends'.)	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. In the last 3 months, have you and your (MOTHER/M-F) talked about your school work, grades, or education?	01	02	03
j. Worked on a school project or around the house together?	01	02	03

3. How do you rate your level of communication with your (MOTHER/M-F) about sexual issues?
Would you say . . .

01. We communicate much less than I want to about these issues.
02. We communicate a little less than I want to about these issues.
03. We communicate as much as I want to about these issues?

4. (USE SHOWCARD 7) Please tell me how much you agree or disagree with the following statements.	Strongly Disagree	Moderately Disagree	Neither agree nor disagree	Moderately Agree	Strongly Agree
a. Sometimes I have trouble believing everything my (MOTHER/M-F) tells me. Do you. . .	01	02	03	04	05
b. I am sometimes afraid to ask my (MOTHER/M-F) for what I want.	01	02	03	04	05
c. My (MOTHER/M-F) has a tendency to say things to me which would be better left unsaid, or that I wish she had not said	01	02	03	04	05
d. When we are having a problem, I often give my (MOTHER/M-F) the silent treatment. Do you . . .	01	02	03	04	05
e. When talking to my (MOTHER/M-F), I have a tendency to say things that would be better left unsaid or things I wish I had not said. Do you . . .	01	02	03	04	05
f. There are topics I avoid discussing with my (MOTHER/M-F).	01	02	03	04	05
g. I don't think I can tell my (MOTHER/M-F) how I really feel about some things.	01	02	03	04	05

	Not at all or Hardly Ever	A Few Times	Sometimes	About once a day	More than once a day
5. (USE SHOWCARD 8) Thinking back over the last 3 months, in a typical week, how often did your (mother or mother-figure) praise or compliment you on things you did? Would you say . . .	01	02	03	04	05
6. In a typical week, how often was your (mother or mother-figure) affectionate with you such as hugging or kissing you? Would you say ...	01	02	03	04	05
7. How often did you have a good time with her?	01	02	03	04	05
8. How often did you feel close with her?	01	02	03	04	05
9. Still thinking back over the last 3 months, in a typical week, how often did your (mother or mother-figure) make you feel good about what you had done?	01	02	03	04	05
10. How often did she get angry at you?	01	02	03	04	05
11. How often did she criticize or nag you? Would you say . . .	01	02	03	04	05
12. How often did she shout or yell at you?	01	02	03	04	05
13. How often did you and she get into arguments?	01	02	03	04	05
14. How often did she punish you such as taking away your privileges like watching T.V. or talking on the phone?	01	02	03	04	05

15. **How often is your (mother/mother-figure) able to be home when you get home from school, or with you in the afternoons?**

Would you say . . . (SHOWCARD 9)

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never
- 06. NOT LIVING WITH MOTHER-FIGURE (SKIP TO Q.17)

16. **How often is your (mother/mother-figure) able to be home when you get up? Would you say . . . (SHOWCARD 9)**

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

17. **How many times in a typical week did you eat the evening meal with your (mother/mother-figure)?**

|___| times per week (LIMIT: 0-7)

SECTION F3: FATHER-FIGURE

Think back to the last time we conducted an interview with you and we ask you about the person who was most like a father to you. For the next few questions we will be asking about this same person again.

1. **What is your relationship to this person? (IF TEEN CANNOT SPECIFY RELATIONSHIP, REQUEST HIS FIRST NAME)?**

- 01 BIOLOGIC FATHER
- 02 OTHER (GO TO Q.1sp)
1sp: SPECIFY _____ (Use for programming below).
- 03 NO FATHER -FIGURE IN HER LIFE (SKIP TO SECTION F4)

2. <u>In the last 3 months</u>, which of the following things have you done with him?	Yes	No	NA
(SKIP 2a IF BABY DIED AT DELIVERY (A3=01) OR (B7=07) OR (B7a=0))	01	02	03
a. Spent time together with the baby	01	02	03
b. Stayed overnight at his place	01	02	03
c. Gone shopping?	01	02	03
d. Gone to a religious service or church-related event?	01	02	03
e. Talked about someone you're dating?	01	02	03
f. <u>In the last 3 months</u> , have you and your (FATHER/F-F) gone to a movie, play, museum, concert, or sports event?	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. <u>In the last 3 months</u> , have you and your (FATHER/F-F) talked about your school work, grades, or education?	01	02	03
j. Had a vacation together?	01	02	03

SECTION F4: PARENT/PARENTAL-FIGURES

1. Have you lived with a parent figure at any time the in last 6 months, (that is, since you delivered your baby)? (OMIT 2nd PART IF BABY DIED (A1=06))

01 Yes
02 No (SKIP TO SECTION F5)

2. Please tell me how often in the past 6 months, it would be true for you to make each of the following statements about your parent or parental-figures. This would be the person who knows what you're doing most of the time. If you are not currently living with your parent figures, please think back to the last time when you were living with her or them in the last 6 months, that is since you delivered the baby. (USE SHOWCARD 10)

	Never	Rarely	Sometimes	Most of the Time	Always
a. My parents know (knew) where I am (was) after school or afternoons. Is this true. . .	01	02	03	04	05
b. If I am (was) going to be home late, I am (was) expected to call my parents. Is this true. . .	01	02	03	04	05
c. I tell (told) my parents who I am (was) going to be with before I go (went) out.	01	02	03	04	05
d. When I go (went) out at night, my parents know (knew) where I am (was).	01	02	03	04	05
e. I talk(ed) with my parents about the plans I have (had) with my friends.	01	02	03	04	05
f. When I go (went) out, my parents ask(ed) me where I am (was) going.	01	02	03	04	05
g. When I am (was) not at home, school, or at work, my parents know (knew) who I am (was) with.	01	02	03	04	05

(STILL USING SHOWCARD 10)	Never	Rarely	Sometimes	Most of the Time	Always
3. I am (was) allowed to stay out past curfew as long as I call(ed) home first. Is this true. . .	01	02	03	04	05
4. I am (was) allowed to have friends over when my parents are (were) not home as long as I tell (told) my parents beforehand.	01	02	03	04	05
5. I am (was) allowed to have male friends in my bedroom.	01	02	03	04	05
6. There is (was) a place in my house where I am (was) allowed to hang out with my friends where my parents won't (wouldn't) bother us.	01	02	03	04	05

7. Do (Did) your parents set a time that they would like (wanted) you to be home on weekend nights?

01. Yes 02. No

SECTION F5: ADULTS IN TEEN'S LIFE

1. Is there an adult whom you look up to who is not related to you or living with you? This does not include your boyfriend or someone from the GirlTalk project.

01 Yes
02 No (SKIP TO SECTION G)

	Adult 1	Adult 2
2. What is your relationship with this person? 01. ADULT FRIEND 02. NEIGHBOR 03. RELIGIOUS LEADER 04. SOCIAL WORKER/ COUNSELOR 05. TEACHER 06. HEALTH PROFESSIONAL 07. OTHER (ASK 1SP) 1_SP Specify _____ <div style="position: absolute; left: 420px; top: 270px;">} SKIP TO Q.3</div>	01 02 03 04 05 06 07 SP____	01 02 03 04 05 06 07 SP____
2a. How far in school did this person complete? 01 COMPLETED GRADE SCHOOL OR LESS 02 SOME HIGH SCHOOL 03 COMPLETED HIGH SCHOOL 04 SOME COLLEGE 05 COMPLETED COLLEGE 06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE -8 DON'T KNOW ? ASK Q.2b	01 02 03 04 05 06 -8	01 02 03 04 05 06 -8
2b. Did this person go to college? 01 Yes 02 No -8 DON'T KNOW	01 02 -8	01 02 -8
3. How often do you have contact with this person? Would you say . . . 01. A few times a year or less 02. Once a month 03. A few times a month 04. Once a week 05. A few times a week	01 02 03 04 05	01 02 03 04 05
4. Who makes contact in this relationship? Would you say . . . 01 You do 02 They do 03 Both make an equal amount of contact	01 02 03	01 02 03
5. Do you go to this person to talk about things that are personal? 01. Yes 02. No	01 02	01 02
6. Do you get guidance or advice from this person about planning for your future? 01. Yes 02. No	01 02	01 02

	Adult 1	Adult 2
7. Can you count on this person to be there for you or to help you when you need something? 01. Yes 02. No	01 02	01 02
8. (USE SHOWCARD 11) How important do you think it is to this person that you <u>continue your education</u>? Would you say . . . 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04
9. (STILL USING SHOWCARD 11) How important is it to this person that you <u>get a good job</u> or be successful in a career? 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04
10. (USE SHOWCARD 12) If you got pregnant again (before your child was 2 years old) IF BABY DIED(A1=06) OR (B7=07) OR (B7a=0)) (in the next 18 months or 1 ½ years), would this person. . . IF PREGNANT AGAIN, ASK (How does this person feel about your being pregnant again. Does this person. . .) 01. Disapprove 02. Somewhat Disapprove 03. Neither Approve nor Disapprove 04. Somewhat Approve 05. Approve	01 02 03 04 05	01 02 03 04 05
11. Does this person's guidance focus more on your parenting skills or on your own education and career development? 01. parenting skills 02. education/career 03. both 04. neither	01 02 03 04	01 02 03 04
12. Is there another adult whom you look up to who is <u>not related</u> to you or living with you? This doesn't include your partner/boyfriend or someone from the GirlTalk staff. 01. Yes 02. No	01 {GO BACK TO Q.2) 02 No {SKIP TO SECTION G)	

SECTION G: CONTRACEPTIVE USE/PHYSICAL DEVELOPMENT

Now I'm going to ask you about birth control.

1. **In the past 6 months** which of the following methods of birth control did you or your partners use?

	YES	NO
a. Condoms?	01	02
b. Birth control pills?	01	02
c. Depo Provera (shots)?	01	02
(IF YES, ASK: d. How long ago was your last shot? _____ (open text))		
e. Patch?	01	02
f. Vaginal ring?	01	02
g. Vaginal sponge?	01	02
h. Foam, jelly, cream, film, or suppositories?	01	02
i. IUD?	01	02
j. Rhythm or safe days of the month or tempsafe?	01	02
k. Withdrawal?	01	02
l. Douching?	01	02
m. Abstinence?	01	02
n. Morning after pill?	01	02
IF YES: o. How many times? ____ times (RANGE 1-99)		
p. Any other method of birth control?	01	02
IF p = YES: 1sp. SPECIFY: _____		

These next few questions refer to sex or sexual intercourse. By that we mean when the male puts his penis in a female's vagina.

[ASK Q.2 IF TEEN USED CONDOMS (Q.1a=Yes), ELSE SKIP TO Q.3]

2. **In the past 6 months**, when you had sexual intercourse, how often did you use condoms?

Would you say . . .

- 01. Never
- 02. Hardly ever
- 03. Some of the time
- 04. Most of the time
- 05. Always

[ASK G3 IF TEEN USED ANY CONTRACEPTIVES OTHER THAN CONDOM (1b-i OR 1p=YES), ELSE SKIP TO G4]

3. **In the past 6 months**, when you had sexual intercourse did you always use some form of birth control other than condoms?

- 01 Yes (SKIP TO G5) (IF ALREADY PREGNANT AND G2=05 THEN ASK G3a FIRST)
- 02 No (GO TO G4)
- 03 DID NOT HAVE SEX IN PAST 6 MONTHS (GO TO G4)

[ASK 3a IF ALREADY PREGNANT (B1=01) and ALWAYS USED CONDOMS OR CONTRACEPTIVES (G2=05 OR G3=01)]

3a. **Why didn't they work?**

- 01 CONDOM BROKE
- 02 MISSED PILL
- 03 LATE FOR SHOT
- 04 Other (ASK 3sp)

3sp. Specify: _____

sexually while using alcohol, marijuana or other drugs?

01 Yes

02 No

[ASK ALL]

10. In the past 6 months, did you get into a sexual situation you later regretted because you'd been using alcohol, marijuana or other drugs?

01 Yes

02 No

[IF TEEN DID NOT HAVE SEX (G6=0) SKIP TO SECTION H, UNLESS TEEN ALREADY PREGNANT]

11. Altogether, how many times have you had sexual intercourse in the past 6 months, that is, since you delivered the baby?

01. 1 (ASK 11a)

02. 2 (ASK 11b)

03. 3 (ASK 11c)

04. 4 or more (ASK 11d)

11a. Did you use some form of birth control that time? When we say birth control, this includes condoms.

01. Yes (SKIP TO SECTION H)

02. No (SKIP TO SECTION H)

11b. How many of those 2 times did you use some form of birth control? When we say birth control, this includes condoms.

01. 0 (SKIP TO SECTION H)

02. 1 (SKIP TO Q12)

03. 2 (SKIP TO SECTION H)

11c. How many of those 3 times did you use some form of birth control? When we say birth control, this includes condoms.

01. 0 times (SKIP TO SECTION H)

02. 1 time (SKIP TO Q12)

03. 2 times (SKIP TO Q12)

04. 3 times (SKIP TO SECTION H)

11d. Think about the last 4 times you had sexual intercourse since you delivered the baby. How many of those times did you use some form of birth control? When we say birth control, this includes condoms.

01. 0 times (SKIP TO SECTION H)

02. 1 time (SKIP TO Q12)

03. 2 times (SKIP TO Q12)

04. 3 times (SKIP TO Q12)

05. 4 times (SKIP TO SECTION H)

12. Did you use birth control the last time you had sexual intercourse?

01 Yes

02 No

(Program so that a response of 'no' (02) to Q.11a would **record** a response of 'no' to Q12)

SECTION H: Health Practices

1. (USE SHOWCARD 13) Some teenagers don't use birth control because it's hard for them to plan for things like having sex. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not Very True	Not At All True
a. If a girl uses birth control boys may think she is <u>too</u> prepared for sex. Is that . . .	01	02	03	04
b. It is hard for me to use birth control because I don't like to plan for sex. Is that . . .	01	02	03	04
c. Sometimes I have unprotected sex because I don't like boys to think I'm too prepared for sex.	01	02	03	04
d. I don't like to use birth control because if I do my parents and boyfriends will think I'm having sex.	01	02	03	04

2. (STILL USE SHOWCARD 13) Some teenagers don't use birth control because they feel they don't need to. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not Very True	Not At All True
a. I don't need birth control because I only have sex during the safe times of the month. Is that . . .	01	02	03	04
b. I don't have to use birth control because I've had sex for a while without getting pregnant. Is that . . .	01	02	03	04
c. I don't need birth control because my boyfriend is sterile.	01	02	03	04
d. I don't need birth control because my boyfriend is <u>very good</u> at withdrawal.	01	02	03	04

3. (STILL USE SHOWCARD 13) Some teenagers don't use birth control because they don't like the side effects it causes. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not very True	Not At All True
a. I don't like any kind of birth control, so I have to take the chance of getting pregnant. Is that . . .	01	02	03	04
b. Using most forms of birth control is more dangerous than pregnancy at my age. Is that . . .	01	02	03	04
c. I don't use birth control because it causes too many side effects.	01	02	03	04
d. I can't use any kind of birth control; all kinds give <u>me</u> too many side effects.	01	02	03	04
e. Most people I know think birth control is dangerous; so I'm afraid to use it.	01	02	03	04

4. (USE SHOWCARD 14) If you wanted to use birth control, how sure are you that you could stop yourself and use birth control once you were highly aroused or turned on? Would you say . . .

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

5. (STILL USE SHOWCARD 14) **How sure are you that you could plan ahead to have some form of birth control available? Would you say . . .**
- 01 Very sure
 - 02 Moderately sure
 - 03 Neither sure nor unsure
 - 04 Moderately unsure
 - 05 Very unsure
 - 06 I NEVER WANT TO USE BIRTH CONTROL
6. (STILL USE SHOWCARD 14) **How sure are you that you could resist sexual intercourse if your partner did not want to use some form of birth control? Would you say . . .**
- 01 Very sure
 - 02 Moderately sure
 - 03 Neither sure nor unsure
 - 04 Moderately unsure
 - 05 Very unsure
 - 06 I NEVER WANT TO USE BIRTH CONTROL
7. **When it comes to decisions about sex and birth control who has the final say? (NOTE: If no current boyfriend, think back to the most recent boyfriend you had sex with)**
Would you say...
- 01 Your boyfriend always does
 - 02 Your boyfriend does most of the time
 - 03 You both do the same
 - 04 You do most of the time
 - 05 You do always
8. **In the last 6 months, have you been told by a doctor or nurse that you had:**
- 8a. **Chlamydia?** 01 Yes 02 No
- 8b. **Any other STDs?** 01 Yes (ASK 8_sp) 02 No
- 8_sp **SPECIFY:** _____
9. **(In the past 6 months), how often have you and the doctor or nurse talked about sex? Would you say . . . IF TEEN ALREADY PREGNANT(B1=01) (Since your baby was born but before you became pregnant again,)**
- 01 Nearly Every Visit (SKIP TO Q.10)
 - 02 Sometimes (SKIP TO Q.10)
 - 03 Rarely (SKIP TO Q.10)
 - 04 Never (GO TO Q9a)
- 9a. **Why haven't you talked about it? Would you say . . .**
- 01 They never brought it up
 - 02 I never asked
 - 03 I was uncomfortable about asking
 - 04 I didn't plan to have sex
 - 05 Other (ASK 9_sp)
- 9_sp. **SPECIFY:** _____
10. **In the past 6 months, how often have you and the doctor or nurse talked about preventing pregnancy or using birth control? Would you say . . . IF TEEN ALREADY PREGNANT (Since your baby was born but before you became pregnant again,)**
- 01 Nearly Every Visit (SKIP TO Q.11)
 - 02 Sometimes (SKIP TO Q.11)
 - 03 Rarely (SKIP TO Q.11)
 - 04 Never (GO TO Q.10a)

10a. Why haven't you talked about it? Would you say . . .

- 01 They never brought it up
- 02 I never asked
- 03 I was uncomfortable about asking
- 04 I didn't plan to have sex
- 05 Other (ASK 10_sp)

10_sp. SPECIFY: _____

11. In the past 6 months, how often have you and the doctor or nurse talked about protecting yourself from STD's, such as Chlamydia, Gonorrhea, or herpes? Would you say . . .

- 01 Nearly Every Visit (SKIP TO Q.12a)
- 02 Sometimes (SKIP TO Q.12a)
- 03 Rarely (SKIP TO Q.12a)
- 04 Never (GO TO Q.11a)

11a. Why haven't you talked about it? Would you say . . .

- 01 They never brought it up
- 02 I never asked
- 03 I was uncomfortable about asking
- 04 I didn't plan to have sex
- 05 Other (ASK 11_sp)

11_sp. SPECIFY: _____

12a. How hard or easy (is it/would it be) for you to talk with your doctor or nurse about sex? Would you say . . .

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

12b. How hard or easy (is it/would it be) for you to talk with your doctor or nurse about preventing pregnancy or using birth control? Would you say . . .

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

12c. How hard or easy (is it/would it be) for you to talk with your doctor or nurse about protecting yourself from STD's such as Chlamydia, Gonorrhea, or herpes? Would you say . . .

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

Teen moms/ (teens) have different ideas about how having another baby might affect their life. We would like to ask you a few questions about how YOU feel about having another baby soon, and how you think it might affect your life. There are no "right" or "wrong" answers, we just want to know how you feel.

(IF TEEN ALREADY PREGNANT (B1=01), SKIP TO H15)

13. Which of the following comes closest to how you feel? Would you say . . .

- 01 I definitely do not want to get pregnant again soon.
- 02 I wouldn't really mind getting pregnant again soon.
- 03 I would really like to get pregnant again soon.

14. Some teens think that having another baby would have a good effect and others think the effect would be bad.

a. Tell me which of these statements is most true for you.

- 01. I feel that having another baby soon would get in the way of my plans for the future,
- 02. I feel that having another baby soon would fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.

b. The next statements are . . .

- 01. Having another baby soon would be too much of a burden on me,
- 02. Having another baby soon would not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.

c. (The next statements are . . .)

- 01. I would not like myself as much if I had another baby soon,
- 02. I would like myself better if I had another baby soon, or
- 03. I go back and forth, so both are true for me.

d. (The next statements are . . .)

- 01. I would think less highly of myself if I had another baby soon,
- 02. I would think more highly of myself if I had another baby soon, or
- 03. I go back and forth, so both are true for me.

e. (The next statements are . . .)

- 01. I feel that having another baby soon would drive my boyfriend and me apart,
- 02. I feel that having another baby soon would bring me closer to my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04 NO BOYFRIEND

f. (The next statements are . . .)

- 01. Having another baby soon would cause trouble between me and my boyfriend,
- 02. Having another baby soon would make things better between me and my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04 . NO BOYFRIEND

g. (The next statements are . . .)

- 01. If I had another baby, I might have to get my own place, which would be worse for me,
- 02. If I had another baby, I could get my own place, which would be better for me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

h. (The next statements are . . .)

- 01. If I had another baby, I would have to move out of my home, which I would not feel good about,
- 02. Having another baby would give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

(AFTER H14h, SKIP TO H17)

ASK IF TEEN ALREADY PREGNANT

15. Which of the following comes closest to how you feel? Would you say . . .

- 01 I definitely did not want to get pregnant again now.
- 02 I really didn't mind getting pregnant again now.
- 03 I really liked getting pregnant again now.

16. Some teens think that having another baby would have a good effect and others think the effect would be bad.

a. Tell me which of these statements is most true for you.

- 01. I feel that having another baby will get in the way of my plans for the future,
- 02. I feel that having another baby will fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.

b. The next statements are . . .

- 01. Having another baby will be a burden on me,
- 02. Having another baby will not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.

c. (The next statements are . . .)

- 01. Having another baby makes me not like myself as much,
- 02. Having another baby makes me like myself better, or
- 03. I go back and forth, so both are true for me.

d. (The next statements are . . .)

- 01. Having another baby will make me think less highly of myself
- 02. Having another baby will make me think more highly of myself
- 03. I go back and forth, so both are true for me.

e. (The next statements are . . .)

- 01. I feel that having another baby would drive my boyfriend and me apart,
- 02. I feel that having another baby would bring me closer to my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04 NO BOYFRIEND

f. (The next statements are . . .)

- 01. Having another baby would cause trouble between me and my boyfriend,
- 02. Having another baby would make things better between me and my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04 NO BOYFRIEND

g. (The next statements are . . .)

- 01. With another baby, I might have to get my own place, which would be worse for me,
- 02. With another baby, I could get my own place, which would be better for me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

h. (The next statements are . . .)

- 01. Having another baby, means I might have to have to move out of my home, which I would not feel good about,
- 02. Having another baby might give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

Now think about your (mother/mother-figure).

(USE SHOWCARD 15)	Disapprove	Sort of Disapprove	Sort of Approve	Approve	NOT APPLICABLE
17. (If you got pregnant again before your child was 2 years old would your (mother/mother-figure). . .) IF TEEN IS PREGNANT AGAIN (B1=01) (How does your (mother/mother-figure)...feel about your getting pregnant again? Does she...) IF BABY DIED (A1=06) OR (B7=07) OR (7a=0) (If you got pregnant again in the next 18 months or 1 ½ years would your (mother/mother-figure)...)	01	02	03	04	-7

(ASK SECTION I IF TEEN PREGNANT AGAIN (B1=01), ELSE SKIP TO SECTION J)

SECTION I: POSITIVE PREGNANCY

1. How old was your baby when you got pregnant again?

IF BABY DIED ASK: How many months after you delivered did you get pregnant again?"

___ Months (LIMIT=0-24 mos)

2. Did you get pregnant again by your baby's father, your current or former boyfriend, or someone else?

- 01 BABY'S FATHER (**SKIP TO 5**)
- 02 CURRENT BOYFRIEND (**SKIP TO 5**)
- 03 FORMER BOYFRIEND
- 04 OTHER
- 2A. specify other _____

3. How old is this person?

___ Years (LIMIT=10-99)

4. How many other children does he have?

___ Children (Limit= 0-99)

5. Did you want to get pregnant with that person at that time? Would you say...

- 01 Definitely no
- 02 Probably no
- 03 Neither wanted nor didn't want
- 04 Probably yes
- 05 Definitely yes

6. Which of the following best describes your decision about this pregnancy? Would you say...

- 01 Carry to term
- 02 Abortion
- 03 Haven't decided yet
- 04 MISCARRIED (Skip to Section J)

7. Whose decision was this (will it be)? (MARK ALL THAT APPLY)

- | | | | | | |
|----|----------------|----|-----|----|-------------|
| 7a | Yours | 01 | Yes | 02 | No (ASK 8a) |
| 7b | Your family's? | 01 | Yes | 02 | No (ASK 8b) |
| 7c | The father's? | 01 | Yes | 02 | No (ASK 8c) |

- | | | | | |
|-----------------------------------|----|-----|----|----|
| 8a. Did (do) you agree? | 01 | Yes | 02 | No |
| 8b. Did (will) your family agree? | 01 | Yes | 02 | No |
| 8c. Did (will) the father agree? | 01 | Yes | 02 | No |

SECTION J: HEALTH PRACTICES – ATTITUDES & KNOWLEDGE

1. (USE SHOWCARD 16) Imagine that sometime in the future you were to have sexual intercourse with someone just once, but were unable to use any method of birth control for some reason. What is the chance that you would get pregnant? Would you say . . .

- 01 Almost no chance
- 02 Some chance, but probably not
- 03 A 50-50 chance
- 04 A good chance
- 05 Almost certain
- 8 DON'T KNOW

For the next few statements, please tell me which phrase you think best completes the sentence.

2. A woman is most likely to get pregnant if she has intercourse...

- 01 a day or so before her period
- 02 during her period
- 03 halfway between periods
- 04 risk is the same throughout
- 8 DON'T KNOW

3. A sperm can stay alive and able to fertilize an egg in the woman's body for as long as...

- 01 two hours
- 02 1-2 days
- 03 3-7 days
- 8 DON'T KNOW

4. The least reliable method of birth control is:

- 01 condom
- 02 withdrawal
- 03 rhythm/safe days of the month
- 04 birth control pills
- 98 DON'T KNOW

5. The most reliable method of birth control is:

- 01 condom
- 02 depo provera (shots)
- 03 birth control pills
- 04 rhythm/safe days of the month
- 8 DON'T KNOW

SECTION K: ACCESS TO HEALTH SERVICES

1. Do you have a doctor or clinic that you go to for your regular health care for illnesses or health check-ups?

- 01 Yes (ASK Q1a)
- 02 No (SKIP to Q2)

1a. What is the name of the doctor or clinic?

- 01. Children's National Medical Center
- 02. Washington Hospital Center
- 03. Chartered Health
- 04. Other: (ASK Q1sp)

1sp Specify: _____ (OPENED TEXT)

2. (In the past 6 months), did you meet with a health provider, doctor, or nurse?

IF TEEN ALREADY PREGNANT (Since your baby was born but before you became pregnant again,)

- 01 Yes
- 02 No
- 8 DON'T KNOW

3. (In the past 6 months), did you receive advice, services, or a prescription for preventing pregnancy from any health provider?

IF TEEN ALREADY PREGNANT (Since your baby was born but before you became pregnant again,)

- 01 Yes {SKIP TO Q4}
- 02 No {GO TO Q3a}
- 8 Don't Know {SKIP TO Q4}

3a. Why not? (MARK ALL THAT APPLY)

- 01 PARENTS WOULDN'T ALLOW IT
- 02 HEALTH PROVIDER DIDN'T BRING IT UP
- 03 AFRAID TO ASK
- 04 NEVER THOUGHT OF IT
- 05 DIDN'T DISCUSS SEX
- 06 WASN'T PLANNING TO HAVE SEX
- 07 DON'T WANT TO USE BIRTH CONTROL
- 08 OTHER (ASK 3a_sp)

3a_sp: SPECIFY: _____

(AFTER Q3a, SKIP TO Q.5)

4. Where did you receive that advice or service?

- 01 PRIVATE DOCTOR'S OFFICE
- 02 COMMUNITY HEALTH CLINIC
- 03 SCHOOL
- 04 HOSPITAL
- 05 PLANNED PARENTHOOD
- 06 SOME OTHER PLACE

5. In the past 6 months, have you received any psychological or emotional treatment (other than with the GirlTalk staff)?

- 01 Yes
- 02 No

6. In the past 6 months, have you been in a drug/alcohol abuse program?

- 01 Yes
- 02 No

SECTION L: Problem Behaviors

In the past 6 months...

	Yes	No
1. Did you ever sneak out of the house to meet a boy?	01	02
2. Did you ever get drunk?	01	02
3. Did you ever stay out all night without your parents' permission?	01	02
4. ... lie to your parents about where you went?	01	02
5. ... go to a party at which peers drank alcohol?	01	02
6. ... go to a party at which peers smoked marijuana?	01	02
7. ... go to a party at which people had sex during or afterwards?	01	02
8. ... run away from home?	01	02

In the past 6 months did you ever...

	Yes	No
9. ... steal money or something worth \$10 or less?	01	02
10. ... steal money or something worth \$10 to \$50?	01	02
11. ... steal money or something worth more than \$50?	01	02
12. ... damage or destroy property?	01	02
13. ... get picked up by the police?	01	02
14. ... steal a car/ drive a car without the owner's permission?	01	02
15. ... trade sex for drugs, jewelry, clothes, or other nice things?	01	02
16. ... sell drugs?	01	02
17. ... carry a weapon?	01	02
18. ... belong to a gang?	01	02

SECTION M: Physical Abuse

1. Have you hit or physically hurt anyone in the past 6 months?

- 01. Yes, once
- 02. Yes, more than once
- 03. No (SKIP TO Q.3)

2. With whom did you fight? Was it . . . (MARK ALL THAT APPLY)

- 01. A total stranger,
- 02. A friend or someone else you knew,
- 03. A boyfriend or date,
- 04. A parent, brother, sister, or other family member,
- 05. A teacher, or
- 06. Someone else? (ASK 2_sp)

2_sp SPECIFY: _____

3. In the past 6 months...	Yes	No
a. Have you been physically abused, beaten, or harmed?	01	02
b. Have you been sexually abused, forced to have sex against your will, raped, or touched in sexual ways when you didn't want to be?	01	02
c. Did you see physical abuse of other people in your family or household?	01	02

SECTION N: Drug and Alcohol Use

1. On average how many <u>days per week</u> do you drink alcohol?	0	1	2	3	4	5	6	7	09. Less than once a week
--	---	---	---	---	---	---	---	---	---------------------------

(IF Q.1=0, SKIP TO Q4)

2. On a typical day when you drink alcohol, how many <u>drinks</u> do you have?	1	2	3	4	5	6	7	8	9	10	11	12 or more
3. In the past month, what was the <u>maximum</u> number of drinks you had on any given occasion?	1	2	3	4	5	6	7	8	9	10	11	12 or more

	Daily	3-4 times per week	1-2 times per week	Once a month	Less than once a month	Only once or twice	Never
4. In the past 6 months, about how often did you smoke cigarettes? Would you say...	01	02	03	04	05	06	07

	Daily	3-4 times per week	1-2 times per week	Once a month	Less than once a month	Only once or twice	Never
5. In the past 6 months, about how often did you use marijuana? Would you say...	01	02	03	04	05	06	07 (SKIP TO Q.7)

6. When you use marijuana how many hits or puffs do you typically take?

|____|____| (LIMIT=0-30)

7. In the past 6 months, have you used cocaine, crack or any other drugs such as meth, ecstasy, or Oxycontin?

01 Yes

02 No

SECTION O: TEEN ATTITUDES

1. (USE SHOWCARD 17) For these next statements, tell me how much you agree or disagree.	Strongly agree	Agree	Disagree	Strongly Disagree
a. I have little or no control over the things that happen to me. Do you . . .	01	02	03	04
b. There is really no way I can solve some of the problems I have. Do you . . .	01	02	03	04
c. There is little I can do to change many of the important things in my life.	01	02	03	04
d. I often feel helpless in dealing with the problems of life.	01	02	03	04
e. Sometimes I feel that I am being pushed around in life.	01	02	03	04
f. What happens to me in the future mostly depends on me.	01	02	03	04
g. I can do just about anything I set my mind to do.	01	02	03	04

SECTION P: TEEN ROUTINES AND RESPONSIBILITIES

Now we are going to talk about your routines and responsibilities.

1. What time do you usually go to bed at night on a weekday?

__ __:00 am/pm

2. What time do you usually get up on a weekday?

__ __:00 am/pm

Now what about the weekend.

3. What time do you usually go to bed at night on the weekend?

__ __:00 am/pm

4. What time do you usually get up on the weekend?

__ __:00 am/pm

Now think about the past week.

5. During the past week, for how many hours did you watch TV, videos, or play video games?

____ (0-160)

In the past 6 months, have participated in the following activities?	Yes	No (IF NO, Ask b)	Have you tried to find out about participating in...?	Yes	No
6a. Church programs or meetings	01	02 (Ask 6b)	6b.	01	02
7a. Community recreation activities	01	02 (Ask 7b)	7b.	01	02
8a. School-based clubs or sports	01	02 (Ask 8b)	8b.	01	02
9a. Neighborhood teen clubs	01	02 (Ask 9b)	9b.	01	02
10a. Local girl's sports groups	01	02 (Ask 10b)	10b.	01	02

SECTION Q: RESPONSIBILITY

(FOR "mother/mother-figure": PROGRAM "mother" IF MF=01 or 03, OR "mother-figure" IF MF=02)

1. The next few questions are about the activities you or someone else does around the house. (CHECK ALL THAT APPLY.)	TEEN	MOTHER/MF	SOMEONE ELSE	NO ONE	N/A
a. Who fixes meals? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
b. Who does the grocery shopping? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
c. Who does the inside cleaning?	01	02	03	04	-7
d. Who pays the bills?	01	02	03	04	-7
e. Who does the laundry?	01	02	03	04	-7

[SKIP TO Q.3 IF BABY DIED (A1=06) OR TEEN HAS NO CONTACT (B7=07) OR (7a=0)]

f. Who takes (NAME OF BABY) to the doctor or clinic? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
g. Who puts (NAME OF BABY) to bed? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
h. Who feeds (NAME OF BABY)?	01	02	03	04	-7
i. Who bathes (NAME OF BABY)?	01	02	03	04	-7
j. Who changes (NAME OF BABY)'s diapers?	01	02	03	04	-7

2. How many people besides you would be able to take care of (NAME OF BABY) for several hours if needed? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

3. How many friends do you have who you talk to about your problems? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

4. In a typical week, about how much time do you spend talking on the phone?

|__| |__| minutes (LIMIT=0-59) |__| |__| hours (LIMIT=0-59)

5. What kind of bank account do you have? Would you say . . .

- 01. Savings
- 02. Checking
- 03. Both
- 04. Other
- 05. None

6. About how much are you able to save in an average month?

_____ \$ (LIMIT 0-5000)

7. How many active cell phone lines of your own do you have?

_____ (LIMIT 0-5)

That was our last question today. Thank you for taking the time to answer our questions. Please remember that you need to take the pregnancy test at one of the participating clinics in the next week. Do you remember which clinic you were planning to go to?

(IF NOT, PROVIDE TEEN CLINIC OPTIONS)

You will be mailed \$15 once you complete the EPT, that is the pregnancy test.